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Health Risk Behaviours Associated With Accident Causation Among Commercial Vehicle Drivers In Jalingo L.G.A. Of Taraba State

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Abstract
*The study investigated the health risk behaviours associated with accident causation among commercial vehicle drivers in Jalingo Local Government Area of Taraba State**.** The descriptive survey research design was adopted for the study. The population was 1,881 commercial vehicle drivers registered with National Union of Road Transport Workers (NURTW) proportional sampling technique was used to sample 160 commercial vehicle drivers. Out of 160 copies of the questionnaire administered, 148 copies of questionnaires were returned for data analysis. Structured questionnaire called Health Risk Behaviour Associated with Accident Causation among Commercial Vehicle Drivers Questionnaire (HRBASACCVDsQ) was the instrument used for the collection of data. Two research experts validated the instruments. The questionnaire (HRBASACCVDsQ) was rated on a four point scale ranging from Strongly Agree (SA) = 4, Agree (A) =3, Disagree (D) = 2 and strongly disagree (SD) = 1. The null hypotheses were tested at 0.05 level of significance. While mean scores were used to answer research questions and linear regression statistics was used to test the null hypothesis respectively. The statistical package for social sciences (IBM SPSS version 21) was used for data analysis. Therefore, the study recommend that Nigerian Road Safety Corps should organize periodic workshop/ enlightenment programme in order to educate commercial vehicle drivers on the behaviours that predispose them to road accidents. Also commercial vehicle park owners should not only employ qualified drivers, but as well ensure that their drivers do not indulge in risky behaviour that are capable of causing road accident. Finally commercial vehicle drivers caught engaging in health risk behaviour while on duty should be severely punished in order to deter others from the acts.*

Key words: *Health Risk Behaviour, Accident Causation, Commercial Vehicle Driver.*

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I. Introduction

Road accident is one of the numerous causes of injury, loss of lives and properties in the world. World Health Organization, WHO (2013) reported that road traffic injuries caused estimated 1.24 million deaths worldwide in the year 2010; that is one person is listed every 25 seconds. According to the report, middle-income countries have the highest annual road traffic fatality rate, at 20.1 per 100,000, while the rate in high-income countries is lowest, at 8.7 per 100,000. Also, in the report, WHO (2013) stated that the risk of dying as a result of road traffic injury is highest in the African region (24.1 per 100,000 population) and lowest in the European region (10.3 per 100,000 population).

In Nigeria, Oyeyemi (2014) reported that despite the efforts of the Federal Road Safety Corps to minimize road accidents in the country, the rate still remains high. In the report, Oyeyemin stated that crashes recorded in the country over years remained high, adding that victims of road accidents consisted mostly of young, productive and energetic segment of the national population. Road Safety Annual Report (2014) shows that in Nigeria, road fatalities per 100,000 inhabitants per year are 33.7 and road fatalities per 100,000 motor vehicles are 45.2. From the above reports, it is clear that road traffic accident has contributed and still contributing to loss of lives and properties in African countries, which Nigeria is one of them.

Accident is unplanned unpleasant occurrences. Accident is an unpleasant, unexpected and undersigned (not purposefully caused) event which occurs suddenly and causes injury or loss, a decrease in value of the resources, or an increase in liabilities (Business Dictionary, 2012). In this study therefore, accident is defined as unplanned event leading to injury or loss of properties. This study will focus on road traffic accident because it

is the most reported accident in Nigeria, and the world. Also, road traffic accident among other forms of accident is the major cause of injuries and deaths (WHO, 2013; Oyeyemi, 2014).

Health risk behaviours can endanger the wellbeing of individuals. Jiang and Hesser (2006) asserted that research has consistently shown that a strong relationship exist between health risk behaviours, disease and mortality, with a few specific health risk behaviours given greater scrutiny than others due to their more obvious impact on health. The above literatures show that there is a strong link between health risk behaviours and unpleasant occurrence such as disease, injury or accident among individuals. In practical terms, health risk behaviours can predispose one to road traffic accident. Jiang and Hesser (2006) identified health risk behaviours to include; alcohol drinking, smoking, poor nutrition and sedentariness. Also, Mokdad, Marks, Stroup and Gerberding (2007) reported that statistics show that half of the premature death in developed countries is caused by health risk behaviours among which are tobacco use, alcohol consumption, drug use and risky sexual behaviours. The present study will focus on tobacco use, alcohol drinking/consumption, drug use, poor nutrition, physical inactivity/sedentariness and risky sexual behaviours as health risk behaviours that can be associated with road traffic accident among commercial vehicle drivers.

Tobacco use is the act of smoking or chewing processed tobacco leaves. The rush of adrenaline stimulates the body and causes an increase in blood pressure, respiration and heart rate. Saadat and Karbakhsh (2010) reported that smoking is a common activity among drivers which can distract drivers as they remove their hands from the wheel to light a cigarette, hold it for an extended period of time, and put it out. The situation may not be different among commercial drivers in Jalingo LGA of Taraba state. These commercial drivers in the bid to light their cigarette may lose control and concentration which would lead to accident, and most times, fatal accidents. Saadat and Karbakhsh (2010) further reported that smoking while driving increases the risk of being involved in a crash.

Alcohol drinking or consumption is another health risk behaviour among drivers. According to American Psychiatric Association (2004), the main ingredient of alcoholic drinks is ethanol, which is produced by fermenting sugar or starch with yeast. It is during the fermentation process that alcohol gets its characteristic flavours and aroma. Ogden and Moskowitz (2004) stated that alcohol is absorbed into the blood stream through small blood vessels in the walls of the stomach and small intestines. Within minutes of drinking alcohol, it travels from the stomach to the brain, where it quickly produces its effect, slowing the action of nerve cells (Ogden and Moskowitz, 2004). In a report by WHO (2004), an estimated 32% of fatal car crashes involve an intoxicated driver or pedestrian. According to the report, road traffic crashes, many of them involving drunken drivers, are one of the main causes of morbidity and mortality worldwide. In support, Hingson and Zha (2009) opined that alcohol affects attentiveness and one's ability to make quick decisions on the road, react to changes in the environment, and execute specific, often difficult maneuvers behind the wheel. When drinking alcohol, driving becomes dangerous, and is potentially lethal (Hingson and Zha, 2009).

Drug use is the use of illegal drugs or misuse of prescription drugs can make driving a car unsafe, just like driving after drinking alcohol (Kelly, Darke and Ross, 2002). According to Mukamal, Conigrave and Mittleman (2003), the effects of specific drugs differ depending on how they act in the brain. Drivers who have used cocaine or methamphetamine can be aggressive and reckless when driving. Also, certain kinds of sedatives, called benzodiazepines, can cause dizziness and drowsiness which can lead to accidents (Mukamal, Conigrave and Mittleman, 2003). Cruickshanka and Dyer (2009) reported that marijuana is the second most commonly used drug associated with drinking and drugged driving after alcohol. This is because of the high producing element in marijuana which affects areas of the brain that control body movement, balance, coordination, memory and judgment. Basically, when a driver's coordination, balance and judgment are affected negatively while driving, accident is practically unavoidable. Drugged driving puts not only the driver but also passengers and other user of the road at risk of accident. This may be the situation among commercial drivers in Jalingo LGA of Taraba state.

Commercial vehicle drivers are drivers involved in carrying individuals and goods from one place to another. According to Idris, Sambo and Obi (2013), road transport remains the cheapest way to move people, goods and services across limitless boundaries in Nigeria, and the collapse of the rail and water transport systems, and the high cost of air transport have given rise to increasing road transport usage which has increased the rate of road accident among commercial drivers. Also, Pepple and Adio (2014) reported that in Nigeria, commercial vehicle drivers are more vulnerable to road traffic accident as a result of deplorable habits of commercial drivers from alcohol intoxication, inattentiveness and poor knowledge of traffic regulations. Other peculiar factor that can causes accident are lack of skill, knowledge of road code, over speeding, recklessness, sleeping, bad road, and obstacles on the road such as animals.

There are socio-demographic variables that influence accident causation among commercial vehicle drivers. However, this study will test age, years of experience, level of education and marital status as factors that influence health risk behaviours of commercial vehicle drivers in the area of the study.

This study was carried out in Jalingo, which is the capital of Taraba state. Taraba state is located at the northern part of Nigeria. People of the local government area patronize commercial drivers as means of transportation and conveying of goods round the locality.

The purpose of the study was to ascertain the health risk behaviours associated with accident causation among commercial vehicle drivers in Jalingo L.G.A. of Taraba State. Specifically, the study seeks to ascertain if;

1. tobacco use is a factor of accident causation among commercial drivers in Jalingo L.G.A.
2. alcohol drinking/consumption is a factor of accident causation among commercial vehicle drivers in Jalingo L.G.A.
3. psychoactive drug use is a factor of accident causation among commercial vehicle drivers in Jalingo L.G.A.

Two null hypotheses was postulated to guide the studies and tested at .05 level of significance.

1. There is no significant relationship between health risk behaviours of accident causation and age of commercial vehicle drivers in Jalingo LGA.
2. There is no significant relationship between health risk behaviours of accident causation and driving experience of commercial vehicle drivers.

II. Methodology

The descriptive survey research design was adopted for the study. The population for the study compprised all the commercial vehicle drivers in all parks in the Jalingo local government area. The population is 1,881 commercial vehicle drivers with registered with National Union of Road Transport Workers (NURTW). The distribution is as follows; A.J. Awoniyi main motor park (cars, 250), A.J. Awoniyi main motor park (buses, 210), A.J. Awoniyi main motor park (heavy trucks, 278), Taraba transport corp. motor park (buses, 265), Old timber motor park (taxi, 125), Nassrawo garage (tipper, 220), Jalingo main market park (taxi, 308), and TashanKabiru motor park (cars, 225).(Source: Office of NURTW Taraba State, 2015). The sample sizes were 160 commercial vehicle drivers. Using proportional sampling technique, 20 commercial vehicle drivers were selected each out of the 8 commercial parks in order to ensure that all types of commercial vehicle drivers are used for the study.Researcher-structured questionnaire called Health Risk Behaviour Associated with Accident Causation among Commercial Vehicle Drivers Questionnaire (HRBASACCVDsQ) was used for data collection in the study. The questionnaire have sections A and B. Section A contains four (4) items that will be elicit information on the (age, years of experience, level of education and marital status) of the commercial vehicle drivers. While section B contains thirty (30) items that will be elicit information on the health risk behaviours associated to accidents causation among commercial vehicle drivers.

Data collection was done personally by the researcher, and two assistants for those without formal education, the items was transcribe in Hausa language for their understanding. The completed copies of the instrument were collected immediately after completion to ensure maximum return rate. The completed copies of the questionnaire will be checked for completeness of information and responses. The copies that are properly completed will be used for data analysis. All analysis was done using Statistical Package for Social Sciences (SPSS) version 21. Data were analyses using answered using mean, with 2.50 as the criterion mean. The responses was considered positive if the grand mean score was equal to or above 2.50, and considered negative if less than 2.50. The response was arranged in a 4 point rating likert scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The rating will be as follows; Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1) with a criterion mean of 2.50. The null hypotheses was tested using linear regression statistic analysis at .05 level of significance and appropriate degree of freedom (df).

III. Results

Table 1. Tobacco use as a factor of accident causation {n=148}

Item statements		$\bar{\times}$	**SD**
1.	Heart beats faster	3.37	.49
2.	Tobacco use makes drivers to be distracted	3.47	.50
3.	It raises blood pressure	3.34	.48
4.	Tobacco use leads to over speeding	3.32	.47
5.	It affects drivers vision (blurred vision)	3.35	.48
Cluster Mean ($\bar{\times}$)		**3.37**	**.48**

Criterion Mean ($\bar{\times}$) = 2.50
A factor = Cluster ($\bar{\times}$) > Criterion ($\bar{\times}$)
Therefore, 3.37 > 2.50

Data in Table 1 Shows that the highest score was by, tobacco use makes drivers to be distracted ($\bar{x}$ = 3.47, SD = .50), followed by, heart beats faster ($\bar{x}$ = 3.37, SD = .49), it affects drivers vision (blurred vision) ($\bar{x}$ = 3.35, SD = .48) while, it raises blood pressure ($\bar{x}$= 3.34, SD = .48) and the least score of ($\bar{x}$ = 3.32, SD = .47) was by, tobacco use leads to over speeding. All the items scored above the criterion mean ($\bar{x}$) of 2.50 and cluster mean ($\bar{x}$) of 3.37 which shows that tobacco use is associated with accident causation.

Table 2. Alcohol use/consumption as a factor of accident causation {n=148}

Item statements		$\bar{x}$	**SD**
1.	Alcohol use makes one dizzy	3.30	.46
2.	It makes drivers slow reaction time	3.24	.48
3.	Alcohol use impairs quick reaction time	3.32	.47
4.	It leads to poor vision on the road	3.28	.45
5.	It makes drivers to be over confident while driving	3.31	.46
Cluster Mean ($\bar{x}$)		**3.29**	**.46**

Criterion Mean ($\bar{x}$) = 2.50
A factor = Cluster ($\bar{x}$) > Criterion ($\bar{x}$)
Therefore, 3.29 > 2.50

Data in Table 2 Shows that the highest score was by, alcohol use impairs quick reaction time ($\bar{x}$ = 3.30, SD = .47), followed by, it makes drivers to be over confident while driving ($\bar{x}$ = 3.31, SD = .46), alcohol use makes one dizzy ($\bar{x}$ = 3.30, SD = .46) and it leads to poor vision on the road ($\bar{x}$ =3.28, SD = .45); and the least score of ($\bar{x}$ = 3.24, SD = .48) was by, it makes drivers have slow reaction time. All the items scored above the criterion mean ($\bar{x}$) of 2.50 and cluster mean ($\bar{x}$) of 3.29 which shows that alcohol use is associated with accident causation.

Table 3. Psychoactive Drug Use as a factor of accident causation {n=148}

Item statements		$\bar{x}$	**SD**
1.	It makes drivers slows down reaction time	3.26	.49
2.	It affect driver perception (understanding)	3.36	.48
3.	It leads to poor vision while driving	3.37	.49
4.	It makes drivers nausea and vomiting while driving	3.24	.43
5.	Drug like marijuana affects commercial drivers attentiveness while driving.	3.24	.47
Cluster Mean ($\bar{x}$)		**3.29**	**.47**

Criterion Mean ($\bar{x}$) = 2.50
A factor = Cluster ($\bar{x}$) > Criterion ($\bar{x}$)
Therefore, 3.37 > 2.50

Data in Table 3. Shows that the highest score was by, it leads to poor vision while driving ($\bar{x}$ = 3.37, SD = .49), followed by, it affects drivers perception (understanding) ($\bar{x}$ = 3.36, SD = .48), it makes drivers have slow down reaction time ($\bar{x}$ = 3.26, SD = .49) while, Drug like marijuana affects commercial drivers attentiveness while driving. ($\bar{x}$ = 3.24, SD = .47). The least score of ($\bar{x}$ = 3.24, SD = .43) was by, it makes drivers have nausea and vomiting while driving. All the items scored above the criterion mean ($\bar{x}$) of 2.50 and cluster mean ($\bar{x}$) of 3.29 which shows that drug use especially psychoactive drug is associated with accident causation.

Table 4. Summary of Linear regression on relationship between Health Risk Behaviours (HRBs) and age of Commercial vehicle drivers.

Model	**R**	**R^2**	**Adj. R^2**	**Std. Er. Est.**	**F-value**	**t-value**	**Unstandardized Coefficients B**	**S.E**	**P-value**
1	.623	.388	.384	5.29185	92.567	-9.621	110.75 -6.326	1.280 .658	.000 .000

a. Predictors: (Constant), Age
b. Dependent variable: Health Risk Behaviours HRBs

Table 5 shows the Summary of Linear regression analysis of P < 0.05 significant relationship between health risk behaviours of accident causation and age of commercial vehicle drivers. The R- square value of .388 indicates a modest relationship in that 38.8 % of the variation in health risk behaviours is explained by age. The F- value of 92.567 indicates that there was a significant linear relationship between health risk behaviours and age of drivers. This further indicates that the regression model significant predicts health risk behaviours. The table further shows that both the constant (intercept) and slope of regression line (Beta) were significantly different from zero at P<0.000 which is shown in the column labeled "significant". This implies that age of drivers significantly predicts health risk behaviours.

Table 5. Summary of Linear regression on relationship between health risk behaviours (HRBs) and driver's experience.

Model	R	R^2	Adj. R^2	Std. Er. Est.	F-value	t-value	Unstandardized Coefficients B	S.E	P-value
1	.241	.058	.052	6.56539	8.991	-2.998	103.899	1.667	.000
							-3.847	1.28	.003

a. Predictors: (Constant), Driving Experience

b. Dependent variable: Health Risk Behaviours HRBs

Table 5 shows the Summary of Linear regression of P < 0.05 significant relationship between health risk behaviours of accident causation and driver's experience. The R- square value of .058 indicates a modest relationship in that 5.8 % of the variation in health risk behaviours was explained by driving experience. The F-value of 8.991 indicates that there was a significant linear relationship between health risk behaviours and driving experience. This further indicates that the regression model did significantly predicts health risk behaviours. In addition, the constant (intercept) and slope of regression line (Beta, unstandardized coefficients) were significantly different from zero at P<0.003 which is shown in the column labeled "significant". This implies that driving experience predicts health risk behaviours.

IV. Discussion

The findings on Table 1 shows tobacco use was a factor for accident causation ($\bar{x}$ =3.37, SD =.48). The result was expected because tobacco use from observation makes drivers vision blur while driving therefore capable of causing accident. Also, tobacco use raises blood pressure, which would not be different among commercial vehicle drivers and this is capable of contributing to the incidence of accident among drivers. The result was in line but at variance with that of Pizza, Contradi and Antognini (2010) who revealed that smokers have an increased crash risk compared to non-smokers and that greater risk remains when age, gender, education, alcohol consumption and driving experience are considered for the smoking crash risk association.

The findings on Table 2 shows alcohol use/consumption was a factor for accident causation ($\bar{x}$ = 3.29, SD = .46). The result was agreed with that of Erka and Vaa (2009) asserted that alcohol could affect driving by causing impaired vision, reduced reaction times, reduced concentration and vigilance, feeling more relaxed and drowsy which may cause a driver to fall asleep at the wheel, difficulty in understanding sensory information, difficulty in doing several tasks at once (keep in the lane and in the right direction while concentrating on other traffic), failure to obey traffic rules, and over confidence which may lead to risk taking.

The findings on Table 3 shows psychoactive drug use was a factor for accident causation ($\bar{x}$ = 3.29, SD = .47). These findings was in consistent with that of Kelly, Darke and Ross (2004) stated that the use of illegal drugs or misuse of prescription drugs can make driving a car unsafe, just like driving after drinking alcohol. The result was in consistent also with that of Drummer, Gerostamoulos and Batziris (2004) asserted that drugs affect driving in such ways as; coordination, reaction time, judgment, and perception. Drug use affects drivers negatively and can lead to road accidents, even among commercial vehicle drivers.

Table 4 shows that there was no significant relationship between health risk behaviours of accident causation and age of commercial vehicle drivers in Jalingo LGA. This was not expected because young drivers as observed are generally more reckless in driving than the older drivers. Therefore, the findings disagree with that of Williams, McCartt and Geary (2009) stated that crash rate are lower with each year of increasing age, but not until age 25-30 does the rate level off to that seen throughout most adulthood.

Table 5 shows that there was no significant relationship between health risk behaviours of accident causation and driving experience of commercial vehicle drivers, this was because experience has to do with amount of knowledge or skill an individual acquires by doing a particular work over a period of time, including driving. Among driver, inexperienced drivers mostly get involved in accidents. The results agreed on the finding of Smart, Vassallo and Harrison (2005) stated that risky driving in young inexperienced drivers significantly increase their risk of having a crash.

V. Conclusion and Recommendations

Based on the findings of the study, the following conclusions have been drawn; Tobacco use ,Alcohol use/consumption, Psychoactive drug use was a factor for accident causation in Jalingo Local Government Area. Therefore, it is recommended, that a robust periodic workshop/enlightenment programme in order to educate commercial vehicle drivers on the behaviours that predispose them to road accidents should be organize b Nigerian Road Safety Corps and also enforcement of law and order by relevant government agency.

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